



Working Together in Health  
For Mothers, Children and Communities



 2004  
annual report



# ❖ Letter from the Chair and the Executive Director

We extend our heartfelt thanks to all of our member organizations and friends of the CORE Group for their enormous contribution of time and talent to further NGO joint efforts to improve the health and well being of women and children and the communities in which they live.

In 2004, we welcomed three new member organizations into CORE, expanded our partner base, and catalyzed collaboration at the country level. We provided professional development opportunities to our members and other partners, and supported members to widely disseminate innovations.

Organizational collaboration is one of the CORE Group's five strategic goals and is a cornerstone of our mission. CORE provides a "space" for members and other partners to organize according to their comparative advantages and to focus their efforts on community health program learning and action. CORE members openly share their technical innovations enabling promising methodologies to be introduced and replicated more rapidly throughout more countries than is generally the case with small demonstration efforts confined to one organization.

CORE's emphasis on disseminating lessons learned and effective maternal and child health tools, combined with its culture of trust and transparency generated through working group activities, has allowed members to more quickly build on previous knowledge and experience and improve the quality, impact and reach of their efforts. Members build social capital and relationships with country and international partners through CORE events, which provide an opportunity for us to influence policy and help shape an environment that is conducive to sustainable child survival and health improvements. In 2004, CORE produced and supported the development of several tools, documents and case studies in collaboration with members, and international and country-level partners, in addition to hosting numerous workshops worldwide.

Expanding the benefits of this type of collaboration within countries is a CORE priority. Gaps in mortality between wealthy and poor children and women in many developed countries are increasing. NGOs are recognized for their expertise in reaching traditionally bypassed communities with proven life-saving interventions, and can make an even greater contribution when collaboration takes place. NGO partnerships are critical to increasing the number of lives saved through joint identification and sharing of promising approaches needed for scale-up of interventions, combined with unified strategic communication to policy makers to ensure that sufficient funds are available for localized implementation and that service delivery policies are linked with needs of poorer populations.

Collaboration with other development actors allows partners to achieve greater coverage, develop more cost-effective programs, create economies of scale, and build social capital. In 2004, CORE significantly expanded country-level networking opportunities through workshops in Benin, Cameroon, Ethiopia, Ghana, Honduras, Kenya, Malawi, Nicaragua, Nigeria, Rwanda, Sierra Leone, Tanzania, Thailand, and Uganda. In addition, CORE supported NGO secretariats (collaborative groups with a funded coordinator) in Angola, Ethiopia, India, Kenya, Nepal, Tanzania, Uganda, and Zambia, each of which worked with Ministry of Health and other partners to contribute to national health strategies and health targets.

CORE members bridge the gap between the community and the wider health system in 140 countries around the world. With its network for diffusion of information and opportunities for collaboration, CORE maximizes member and partner impact on health outcomes. Through CORE's representation at global policy forums, we ensure the community voice is represented when strategies and funding decisions affecting women's and children's health are made. Please join us in 2005 to extend this impact through collaborative NGO action and learning.

Robb Davis  
*Chair, CORE Board of Directors*

Karen LeBan  
*CORE Executive Director*





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# CORE Overview



## WHO WE ARE

CORE, Inc. is a membership association of 38 international nongovernmental organizations (NGOs) registered in the United States whose mission is to improve the health and well being of children and women in developing countries through collaborative NGO action and learning. Collectively, CORE member organizations work in more than 140 countries, supporting health and development programs. CORE, Inc. is a 501 [c] 3 organization based in Washington, D.C.

## CORE VALUES

### • **Collective Capacity**

CORE works through its member organizations to promote their collective capacity and successfully leverages members' organizational strengths and resources.

### • **Openness**

CORE widely shares its materials and welcomes constructive dialogue and exchange with all partners to continually refine state-of-the-art knowledge.

### • **Equity**

CORE promotes equitable access to resources across its membership.

### • **Local Experience and Knowledge**

CORE members remain intimately connected with communities, families, mothers and children, thereby bringing local practitioner-based realities to the policy table.

### • **Participation of Civil Society**

CORE promotes strategies that maximize participation of families, communities, and local government in health decision-making.

### • **Impact**

CORE monitors and measures its work to demonstrate local and global health impact.

## HOW TO GET INVOLVED

CORE offers many avenues for learning, information sharing and taking action on issues related to child survival and health. Join a CORE Working Group. Sign up for a listserve. Participate in a CORE workshop or activity. Be part of CORE's in-country efforts. Or provide a financial contribution. For more information, visit us at [www.coregroup.org](http://www.coregroup.org).

## STRATEGIC GOALS

**Community Health Program Knowledge:** CORE supports an orderly process for converting NGO experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.

**Organizational Collaboration:** CORE pursues open, inclusive partnerships and collaboration at national, regional and global levels to promote effective, scaled-up, community-based child and maternal health programs.

**Resources:** CORE strives to make significant, reliable public and private resources available for CORE members and partners to support community-based child and maternal health programs.

**Effective Policy:** CORE encourages members to take an active, influential role in representing community-based child and maternal health perspectives, values and experience before national, regional and global policy fora.

**Sustainability:** CORE strives to secure a stable, modest, diversified funding base to support a small, talented and committed staff, led by strong executive and board leadership.

## MEMBER SERVICES

- Synthesize, refine, and disseminate state-of-the-art child and maternal health practices, strategies and policies.
- Enhance professional development of members.
- Build capacity and strengthen collaboration with members and other groups to improve health and well-being of children and women on a large scale.
- Create opportunities for members to discuss and learn from international, regional and national experiences, networks, health specialists and specialists in related fields.
- Facilitate member access to policymakers and forums to influence child and maternal health policy and practices.
- Link members with public and private donor resources and expertise.

As the new Executive Director of Curamericas, I have found CORE activities to be some of the most useful in my “education” process. The collegial and collaborative effort of CORE meetings and workshops have allowed me to begin to build relationships for program partnerships, learn the broad technical trends in public health, and meet other people in the child survival arena who have become resources on which to call.

≡ Teresa Wolf, Executive Director, Curamericas



# Working Group Highlights



CORE's eight Working Groups are composed of individuals from member and partner organizations interested in contributing to further development and understanding of a technical topic, and in implementing collaborative activities to strengthen community-focused interventions for child survival and health. The groups are self-directed and self-governing, and members participate on a voluntary basis.

Working Group outputs include documents, tools and workshops designed to support CORE member organizations in ongoing professional development and advance technical strategies in child survival. Working Groups meet throughout the year, in person and through conference calls, to develop annual workplans, discuss and debate technical topics, and develop collegial, productive relationships among members.

Working Groups also serve as knowledge management hubs for public health professionals interested in learning more about a technical topic. Once a Working Group develops a tool or product, members take the lead in disseminating that product to CORE and the wider child survival community, ensuring that new techniques and approaches are considered and implemented where appropriate.

Additionally, Working Group members are active in representing NGOs in a number of global health policymaking bodies. CORE currently serves as the elected NGO representative to the Roll Back Malaria Partnership Board; and as a member of the Steering Committee for the U.S. Coalition on Child Survival; the C-IMCI Inter-Agency Working Group; the East and West African Regional Networks for RBM; the WHO Stop TB Partnership, and the Malaria in Pregnancy Steering Committee. The CORE Polio Partners Project works closely with the Polio Eradication Initiative, the Global Alliance for Vaccines and Immunization, the Measles Initiative, and the Millennium Water Alliance.





CORE's HIV/AIDS Working Group combats the HIV/AIDS crisis by ensuring that HIV/AIDS programming is adequately integrated into effective child survival, maternal health and primary health care services as part of a community-based and holistic approach.

## 2004 ACCOMPLISHMENTS

### Voluntary Counseling and Testing (VCT) for HIV/AIDS

In partnership with FHI/IMPACT, the Working Group developed a field guide for NGO program managers titled, *Programming for Voluntary Counseling and Testing for HIV/AIDS: A Guide for Working in the Community*. More than 95 percent of people living with HIV/AIDS in developing countries do not know they are infected with HIV, which increases the spread of the disease and limits their access to care, treatment and family support. The guide highlights the recent shift from VCT, in which clients initiate testing to learn their HIV status, to routine offering of HIV testing, especially in antenatal clinics where pregnant women can "opt out" of testing. The guide also discusses the shift to diagnostic HIV testing, in which providers initiate an HIV test when a person shows signs or symptoms consistent with an HIV-related disease (such as during tuberculosis care). The guide outlines common barriers to HIV testing and how to overcome them; describes elements of a comprehensive VCT program; guides NGOs in deciding if and how to implement an HIV testing and counseling program in the community, and provides a related set of tools. The guide will be field tested in Malawi in January 2005.

### Preventing Mother-to-Child Transmission (PMTCT) of HIV

Together with FHI/IMPACT and the CORE Safe Motherhood and Reproductive Health Working Group, the Working Group developed *Saving Mothers, Saving Children: Preventing Mother-to-Child Transmission of HIV/AIDS: A Guide for Working in the Community*. The guide is written for people who design and manage health programs that use community-based agents to provide health care and counseling to pregnant women and their families. The guide describes how

to protect women from HIV/AIDS and unintended pregnancy; prevent MTCT during the antenatal period, during labor and delivery, and during the postnatal period; provide care and support to HIV-positive mothers and families; and design and carry out a PMTCT program. Tools for use by community-based agents are included. The guide will be field tested in Malawi in January 2005.

### Pharmaceuticals for HIV/AIDS

In collaboration with Christian Connections for International Health and the RPM+ project, the Working Group sponsored a February 2004 meeting titled, *Pharmaceuticals for HIV/AIDS: What Role Can PVOs and FBOs Play?* VCT, PMTCT, and other HIV/AIDS care and treatment interventions rely heavily on the availability of testing kits, antiretrovirals and other HIV/AIDS-related pharmaceuticals and commodities. New global and national initiatives are making these interventions more feasible than ever at the community level. More than 100 donor, NGO and faith-based organization representatives discussed how to make these interventions available to the communities in which they work.

### NGO Representation

Through CORE's HIV/AIDS Working Group listserve, meetings and policy forums, members shared numerous articles, field observations and changing policy guidance. Meetings and forums included the XV International AIDS Conference in Bangkok, Thailand, the NGO Forum for Health at the WHO Assembly in Geneva (May 2004), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Partnership Forum in Bangkok (July 2004), and the Alliance 2015 HIV/AIDS Policy Group meetings throughout Europe.

Working Group Co-Chairs:  
Milton Amayun (World  
Vision) and Darshana Vyas  
(Counterpart International)

# ❖ Integrated Management of Childhood Illness (IMCI)

vision

The IMCI Working Group supports the development, documentation and advocacy of strong, truly integrated program approaches that maximize community-based child health impact.

## 2004 ACCOMPLISHMENTS

### Multi-Sectoral Approaches

In order to achieve community-based child health impact, CORE promotes a framework for Community IMCI composed of three interlinking elements (partnerships between health facilities and the communities they serve; appropriate and accessible care and information from community-based providers; and integrated promotion of key family practices critical for child health and nutrition), supported by a multi-sectoral platform. While the three elements are well-developed in NGO programming, the IMCI Working Group identified the need to further develop understanding and practice of the multi-sectoral platform. The importance of a multi-sectoral platform is based on the principle that there is an intricate mix of influences and resources within a community that affect health outcomes. To positively affect these health outcomes, partnerships need to be built between the health sector and non-health sectors to program interventions that are more effective, efficient, equitable or sustainable than either sector acting alone and provides positive benefits for all sectors involved. In 2004, the IMCI Working

Group, in collaboration with the Environmental Health Project, hosted a workshop to explore different issues and approaches, and published a paper titled, *Reaching Communities for Child Health: Advancing Health Outcomes through Multi-Sectoral Approaches*. The paper explores how multi-sectoral approaches are used within community-based child health and development programs and the evidence base to support that use. The paper is based on the results of a literature review, key informant interviews, abstract selection process to identify case studies, and workshop discussion.

### Neonatal Health

Despite progress made over the last two decades in reducing under-five mortality, neonatal mortality rates have remained largely unchanged and now account for one-third of under-five deaths. Often, these deaths are concentrated in areas without adequate access to government health services, where community-based approaches can make a difference. In 2004, the IMCI Working Group commissioned a study on community-based interventions in neonatal health in Latin America. The final report, *Innovative Community-based Interventions to Improve Newborn Health in Latin America and the Caribbean*, is based on literature review, NGO program data and interviews with CORE members. CORE partnered with BASICS II, PAHO, and Saving Newborn Lives to host a regional workshop in Honduras where community-based neonatal health strategies were discussed, and participants issued a declaration calling for greater regional focus on neonatal health.

**Freedom from Hunger has made a significant investment in the development of CORE, and we believe that investment has been extremely valuable to us and all the CORE members—indeed we believe CORE has made a significant contribution to move the technical agenda concerning child health forward in recent years.**

≡ Christopher Dunford, President, Freedom from Hunger



### Country Collaboration

In Nepal, CORE expanded on the strong collaborative base built by the Polio Eradication Initiative to support expansion of Community IMCI through NGOs. NGOs select geographic areas for targeted programs based on need; develop complementary intervention packages, build on the strengths of each partner organization; and use common indicators to monitor progress. In 2004, CORE also supported collaborative NGO efforts for IMCI in Bolivia through the local NGO network PROCOSI and hosted IMCI workshops in Ghana, South Africa, Uganda, Malawi, Tanzania and Ethiopia. CORE worked with WHO/AFRO to develop a briefing package that guides country implementation of community IMCI.

### Community Case Management

CORE members promote community case management as a delivery strategy to increase the access to and use of life-saving interventions at the community level. In 2004, CORE supported several efforts within this area. Catholic Relief Services modified the IMCI algorithm for use by community health workers (CHWs) and trained program managers from eight organizations and four countries in Latin America on how to mobilize CHWs to classify, refer and treat children

under five years old for the five major causes of mortality and morbidity.

The IMCI and Nutrition Working Groups work together to support the global zinc initiative at the country level. At a meeting in Baltimore, members presented community-based experiences on developing approaches to a global roll-out of zinc treatment for diarrhea. To support community case management for pneumonia and malaria, CORE representatives discussed NGO research and evaluations in global forums; worked with Johns Hopkins University, WHO, and UNICEF on delineating intervention models for the management of children with signs of pneumonia or malaria; and supported the WHO-UNICEF joint statement on management of pneumonia in community settings.

### Situational Analysis of C-IMCI

In an effort to better understand implementation of C-IMCI in different regions, Marine Adamyan, a visiting scholar with CORE, conducted a review of the current practices in the Commonwealth of Independent States (CIS). Interviews with key informants in eight countries provided information on application of the C-IMCI framework and the current status of C-IMCI practices and perspectives in this region.

*Working Group Co-Chairs:  
Jim Ricca (American Red  
Cross) and Alfonso Rosales  
(Catholic Relief Services)*

# ❖ Malaria

vision

The Malaria Working Group supports existing national collaborative partnerships and promotes new partnerships in which NGOs can be actively engaged in national level policy formation and innovative programming for malaria prevention and control.

## 2004 ACCOMPLISHMENTS

### Roll Back Malaria (RBM) Partnership

CORE serves as the elected NGO representative to the RBM Partnership Board and contributes to RBM strategies through mobilizing the NGO community. CORE sponsors an RBM listserve and participates in the RBM East Africa Regional Network, West Africa Regional Network and Central Africa Regional Network.

In 2004, the Malaria Working Group represented the NGO constituency in several RBM Partnership Board meetings and conference calls. In collaboration with the African Medical and Research Foundation, CORE convened an RBM NGO constituency meeting, which resulted in NGO Strategic Guidance for Involvement in RBM. The guidance was presented to the full RBM Partnership Board in September 2004.

### Malaria NGO Secretariats

In 2003 and 2004, the Malaria Working Group helped establish four national NGO malaria secretariats, in Kenya, Tanzania, Uganda, and Zambia. The secretariats support and inform national malaria prevention and control plans; coordinate strategic alliances; leverage resources for community-based efforts; and advocate for communities. A year after their inception, the secretariats have convened technical workshops and have assisted network members in drafting malaria program proposals.

• **Kenya:** In 2004, the Kenya NGO/Private Sector Alliance Against Malaria (KeNAAM) successfully lobbied for the release of GFATM Round 2 and

4 funds in Kenya. Out of Round 2, eight Alliance members received funds, and out of Round 4, nine members received funds. GFATM funding will be used for distribution of mosquito nets, training of community health workers and public education. KeNAAM also linked with local networks of community-based and faith-based organizations to disseminate information about best practices in malaria prevention.

• **Tanzania:** The Tanzania NGO Alliance Against Malaria (TaNAAM) provided technical assistance in one district to organizations participating in a Pilot Discount Voucher Scheme to purchase mosquito nets; vouchers are now offered in district health facilities. The Alliance also provided technical support to NGOs and partners working to scale up use of insecticide-treated nets to the national level.

The Alliance and its partners participated in a CORE qualitative methods and writing workshop, which yielded a field story titled *Casting A Wide Net: How NGOs Promote Insecticide-Treated Bed Nets*. The field story takes a journalistic approach to uncovering community perceptions and barriers related to use and purchase of mosquito nets.

• **Uganda:** In 2004, the Malaria and Childhood Illness NGO Secretariat (MACIS) consolidated its role as an information conduit between the Ministry of Health and NGOs in Uganda. The secretariat serves as the NGO representative on the GFATM country coordinating mechanism board, and represents NGOs in several Ministry of Health technical

CORE's technical input and seed funding was directly responsible for a malaria program we are conducting jointly with two other child survival PVOs, and which is serving to pilot new Ministry of Health policies in Rwanda and extend life-saving treatment to more children. Our staff at field and headquarters level have benefited from CORE technical meetings, and several partnerships—including the malaria program in Rwanda and a nascent zinc collaboration in Sierra Leone—had their start at CORE meetings. ≡ George Rupp, President and CEO, International Rescue Committee

working groups, including those for insecticide-treated bed nets; information, education and communication; and monitoring and evaluation.

Secretariat members participated in a CORE case study writing workshop, which produced a field story titled *Bringing Down "Mosquito Fever": How NGOs Promote Home-Based Treatment of Malarial Fever in Uganda*. In addition, CORE published a case study focusing on malaria case management activities implemented in Ssembabule District, Uganda, by Minnesota International Health Volunteers.

• **Zambia:** In 2004, the Zambia Malaria Foundation (ZMF) became an independent, self-supporting, registered NGO in Zambia. The foundation conducted NGO mapping exercises in all nine provinces of Zambia, yielding a broad picture of where 135 NGOs are working and what they are doing to combat malaria. The exercise will be used to guide future program planning.

In collaboration with the American Red Cross, CORE produced a case study examining approaches used to launch an integrated campaign to distribute free, insecticide-treated mosquito nets and provide vitamin A and mebendazole during a measles campaign in Zambia.

### Private Sector Partnerships

In 2004, CORE collaborated with Bayer Environmental Science, which supported five Fresh Air Malaria Workshops and an event promoting long-lasting mosquito nets at the CORE fall meeting. BASF and GlaxoSmithKline have met with CORE members about future collaborative activities.

### Rwanda Pilot Project

CORE provided seed money to the International Rescue Committee, Concern Worldwide, and World Relief to conduct a baseline survey of three districts participating in pilot project for community distribution of anti-malarial medications in Rwanda. The Rwanda National Integrated Malaria Control Program is collaborating with the three NGOs to implement the program.

### Fresh Air Malaria Workshops

In 2004, CORE sponsored weeklong National Fresh Air Malaria Workshops in Ghana, Tanzania, Uganda and Sierra Leone. Workshop objectives include: mobilize NGOs to take collective action against malaria, advocate for stronger malaria programs, and disseminate tools and information on malaria programming at the community level.



Working Group Co-Chairs:  
Luis Benavente (MCDI) and  
Circe Trevant (Christian  
Children's Fund)



# ❖ Monitoring and Evaluation (M&E)

vision

The M&E Working Group develops tools and trainings to increase child survival and health program performance and quality through the standardization of use of data, analysis, and reporting.

## 2004 ACCOMPLISHMENTS

### Knowledge, Practice, Coverage (KPC) Survey

The KPC survey is a management tool composed of several maternal and child health modules used widely by the NGO community. It yields a concise and manageable set of indicators to monitor and estimate the results of NGO activities. Survey implementation helps local communities identify health priorities and monitor health status. An inter-agency taskforce composed of USAID, CSTS, the Environmental Health Project, FANTA, FHI/IMPACT and MEASURE met throughout the year to update survey questions and indicators to adjust global standards for practical measurement at the community level. This process ensures that district and national decision makers can use NGO data. The group updated survey modules for household water, hygiene and sanitation; breastfeeding and infant/child nutrition; and HIV and other sexually transmitted infections. The group continues to update modules for malaria, the sick child, diarrhea and acute respiratory infections.

### KPC Training of Survey Trainers Curriculum

To ensure that NGOs collect reliable and accurate data through KPC surveys at the community level, the Working Group developed a KPC Survey Training Curriculum in collaboration with FANTA, Freedom from Hunger, and CSTS. The curriculum will be made available to NGOs, U.S. and overseas universities, and training institutions

with interest in providing a “CORE-approved/ accredited” KPC Training of Survey Trainers course. Early drafts of the curriculum were field tested in Cambodia (2001) and North Carolina (2002). The final draft was field tested in August 2004 in Uganda, in collaboration with Makerere University. The curriculum includes a set of participant manuals and workbooks, a set of trainers’ guides, and a training of trainers supplement for both participants and trainers. The curriculum will be available in 2005.



### **EPI Info Training for Child Survival**

In October 2003, the Working Group, in partnership with NicaSalud (an Nicaraguan NGO network), offered a five-day intensive training workshop in Nicaragua on how to use Epi Info 2002 (Windows version). The program was modified for use with actual KPC child health data. The EPI Info program and related guidance are available in both English and Spanish.

### **Assessing Community Health Programs Using Lot Quality Assurance Sampling (LQAS)**

Lot Quality Assurance Sampling is a simple and rapid method for assessing coverage of key health knowledge and practices in an NGO catchment area. In 2004, the Working Group distributed copies of trainer and participant guides for LQAS, written by CORE members and partners. (Guides are available through publisher TALC UK.)

*Working Group Chair:  
Juan Carlos Alegre  
(Project Hope)*



**To ensure that NGOs collect reliable and accurate data through KPC surveys at the community level, the Working Group developed a KPC Survey Training Curriculum in collaboration with FANTA, Freedom from Hunger, and CSTS.**



## ❖ Nutrition

vision

The Nutrition Working Group underscores the critical role of nutrition in maternal and child survival and health through the dissemination of state-of-the-art information and approaches essential for quality nutrition programming.

### 2004 ACCOMPLISHMENTS

#### Positive Deviance/Hearth

Positive Deviance (PD)/Hearth is a successful home and neighborhood-based approach to rehabilitate malnourished children and prevent malnutrition in the future. Positive deviance mobilizes the community to find the uncommon, beneficial practices by mothers or caretakers of well-nourished children from impoverished families. Communities then share these practices with families of malnourished children through a Hearth setting where caregivers learn to prepare extra energy-rich/calorie-dense supplemental meals for their children and practice beneficial childcare behaviors.

This year, Working Group members conducted three PD/Hearth regional trainings for multiple organizations. World Relief coordinated a workshop in Rwanda for 73 Ministry of Health and NGO participants from Rwanda, Burundi, Democratic Republic of the Congo, and Madagascar. Counterpart International hosted a workshop in Gujarat, India, for 27 NGO and Ministry participants from India, Bangladesh, Indonesia, Nepal, Tajikistan and Uzbekistan. Catholic Relief Services coordinated a PD/Hearth workshop in Benin. The Peace Corps utilized CORE's training materials to coordinate a training of trainers for Peace Corps volunteers in West Africa.

**Positive deviance mobilizes the community to find the uncommon, beneficial practices by mothers or caretakers of well-nourished children from impoverished families.**





**Malnutrition is associated with the deaths of over 6 million preschool children each year. Survivors may be disabled and are vulnerable to illness.**

In 2004, CORE translated the PD/Hearth Manual into Spanish, Portuguese, French and Indonesian. CORE also published guides for hiring PD/Hearth consultants and a curriculum for training program managers.

### **Maternal Nutrition**

In partnership with LINKAGES, the Working Group developed the *Maternal Nutrition During Pregnancy and Lactation Dietary Guide*, which provides program managers with practical guidance on maternal nutrition needs, including weight gain recommendations for pregnancy, and increased nutritional needs and micronutrient supplementation needs for pregnancy and lactation. Supporting interventions for reducing malaria infection, reducing hookworm infection, initiating birth spacing, and decreasing workload are described.

### **Infant and Young Child Feeding**

The Working Group continued to advance Infant and Young Child Feeding through dissemination of technical guidance to CORE members and participation in international events. A Working Group member represented CORE at the Infant and Young Child Feeding Policy meeting convened by UNICEF, and another member attended the U.N. Standing Committee on Nutrition annual meeting in New York. Judiann McNulty wrote a featured article on the NGO Role in Improving Complementary Feeding for the Standing Committee's Fifth Annual Report.

*Working Group Co-Chairs:*  
Kathryn Bolles (*Save The Children*) and Erin Dusch  
(*Helen Keller International*)

# ❖ Safe Motherhood and Reproductive Health (SMRH)

vision The SMRH Working Group supports NGOs to engage communities for better sexual and reproductive health for all by sharing knowledge resources and promoting the most up-to-date evidence-based practices.

## 2004 ACCOMPLISHMENTS

### Series of Technical Updates

The Working Group held several well-attended technical updates for the maternal and child health community. Topics included: Impact of Birthing Practices on Breastfeeding (with Mary Kroeger); Postpartum Care of the Mother and Newborn (in collaboration with JPHIEGO and Saving Newborn Lives); Prevention of Mother-to-Child Transmission of HIV (in collaboration with the Centers for Disease Control and Prevention, the Synergy Project and LINKAGES); USAID Maternal and Neonatal Health Approaches (with USAID staff Mary Ellen Stanton and Lily Kak); a cross-fire debate on the role of traditional birth attendants in hard-to-reach and isolated areas (with American College of Nurse Midwives, Family Health International, and Susheela Englebrecht); and Contraceptive Needs of HIV-Infected Women: The Role of Intrauterine Devices (with Family Health International).

### Integration with HIV/AIDS and Malaria Working Group Activities

The Working Group sent representatives to the Malaria in Pregnancy Taskforce, which met this year in Tanzania and Ghana to discuss intermittent preventive treatment (or therapy) for pregnant women in malaria endemic areas. The Working

Group also reviewed many drafts of *Saving Mothers, Saving Children: Preventing Mother-to-Child Transmission of HIV/AIDS: A Guide for Working in the Community*, described in the HIV/AIDS Working Group section.

### Integration of Family Planning

In collaboration with Advance Africa, the Working Group hosted a five-day birth spacing workshop in Mozambique for the NGO community and their provincial-level Ministry of Health counterparts. The workshop increased the knowledge and skills of NGOs in integrated birth spacing strategies and enabled them to plan priority activities for incorporation into their ongoing reproductive health programs.

In September, in collaboration with the Institute of Reproductive Health at Georgetown University, the working group hosted a technical update (followed by a one-day workshop) on the Standard Days Method, a natural method of family planning developed through scientific analysis of the fertile time of the woman's menstrual cycle.

In collaboration with Minnesota International Health Volunteers and Adventist Development and Relief Agency International, the Working Group produced a case study examining the integration of family planning activities into child survival programs in Ssembabule District, Uganda, titled *Uganda Family Planning Programs: Lessons from the Field*.

### Maternal and Newborn Standards and Indicators Compendium

The *Maternal and Newborn Standards and Indicators Compendium* is the result of a three-year collaborative effort between the Working Group and the American College of Nurse Midwives, CSTS, USAID and many other experts. Key standards, indicators, and references are identified for program design and monitoring related to five phases of a woman's reproductive cycle: pre-conception, antenatal care, labor and delivery, postpartum care and newborn care. Program interventions are categorized by level of care: household, community, first-level care and second (comprehensive) care. The *Compendium* will be available in early 2005.

*Working Group Co-Chairs:*  
Debbie Herold (ADRA),  
Winnie Mwebesa (Save  
The Children), and Kristin  
Weinhauer (Catholic Relief  
Services)

An estimated 515,000 women die each year from complications of pregnancy and childbirth, with 99 percent of these deaths occurring in developing countries.





# ❖ Social and Behavioral Change (SBC)

vision

The SBC Working Group contributes to improved maternal and child health outcomes by enhancing the design and implementation of effective NGO social and behavioral change strategies.

## 2004 ACCOMPLISHMENTS

### **Applying the BEHAVE Framework: Workshop Facilitator's and Participant's Guides**

The BEHAVE Framework is a tool that enables public and private organizations to change the way they approach strategic planning for behavior change. Beginning in 2002, the SBC Working Group partnered with the Academy for Educational Development (AED) CHANGE Project to adapt the tool for use by the child survival community. The resulting product, "Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change in Child Survival," responds to community health managers' and planners' need for a practical behavioral framework for strategic project planning, design, research, and monitoring and evaluation.

The workshop guides enable participants to: 1) practice data-based program planning; 2) learn the four basic planning decisions of the BEHAVE Framework (select a priority group, define behavioral objectives, identify the key factors influencing behavior, and plan program activities); 3) integrate the BEHAVE framework into existing program approaches such as trials of improved practices, social mobilization and participatory planning; 4) sharpen skills in planning for and using results of qualitative and quantitative research in program development; and 5) plan for indicators to monitor changes in health behaviors and outcomes.

In 2004, the Working Group published two guides to support the workshop: a Facilitator's Guide and a Participant Binder. The workshop and guides—a field-tested, five-day training package—enables NGOs to replicate BEHAVE workshops conducted



in Cambodia, South Africa and Washington, DC, in new countries and regions. The two guides consolidate handouts and facilitator materials with easy-to-use training guidelines, and are available in hard copy and CD-Rom. A French version of the guides will be available on CD in early 2005. Several CORE member organizations have already adapted these guides for use within their organizations for both health and development issues.

### **Technical Advisory Activities**

The SBC Working Group convened an External Analysis meeting with experts from Johns Hopkins University School of Public Health and the Health Communication Partnership, Boston University, University of North Carolina, AED CHANGE Project and USAID to discuss key trends in the field of social and behavior change and provide key recommendations to the CORE Working Group for future activities.

The Working Group and other CORE members continued to partner with the CSTS+ Project to apply the Child Survival Sustainability Assessment Framework to their projects.

*Working Group Co-Chairs:  
Michelle Kouletio (Concern  
Worldwide USA) and  
Eric Swedberg (Save The  
Children)*

# ❖ Tuberculosis (TB)

vision

The TB Working Group enhances NGO capacity to design and implement quality TB programs.



## 2004 ACCOMPLISHMENTS

### TB Technical Reference Materials

In collaboration with USAID, the TB Working Group finalized a detailed and concise guide to programming for TB control using the DOTS strategy, widely disseminated the TB Technical Reference Materials (TRMs) in English, and translated the TRMs into Russian with subsequent electronic dissemination to NGO staff based in Central Asia.

### Technical Seminar: *How Not to Program for TB: Mistakes and Lessons from the Field*

The TB Working Group hosted a one-day technical seminar in October 2003 to review the TB TRMs. A panel of experts shared lessons learned in how to deal with problems that commonly arise when implementing the DOTS strategy, including diagnosis, case finding, drug supply, information analysis and use, working with partners, communication issues, incentives and enablers, private—public sector systems, and TB co-infection with HIV.

### Tuberculosis Control Programming for NGOs

In collaboration with USAID and Tuberculosis Coalition for Technical Assistance, the TB Working Group developed a draft facilitator's guide and curriculum for a four-day interactive course for U.S. and field-based NGO program managers or their supervisors involved in or considering involvement in TB control programming. CORE sponsored a field test for the course in October 2004, during which participants from the U.S. and eight countries designed and presented plans

for TB control programs. The final curriculum will be available in early 2005.

### Tuberculosis Case Studies

The Working Group produced three case studies of successful NGO TB interventions in Kosovo and Central Asia to share lessons learned and to be used for discussion in the TB Control Course. Doctors of the World completed a case study titled *Implementation of a National Tuberculosis Control Program in Minority Communities: Accomplishments and Challenges from Kosovo*. Project HOPE completed two TB case studies: 1) *Tuberculosis Control in Karaganda Prison through DOTS: Lessons from Kazakhstan*, and 2) *Using Incentives to Improve Tuberculosis Treatment Results: Lessons from Tajikistan*.

### Stop TB Partnership

In 2004, CORE joined the global Stop TB Partnership to ensure that the NGO voice is heard on policy decisions affecting scale-up of TB control efforts, and that TB control efforts reach poor and marginalized communities. NGOs have the ability to mount a quick response to TB outbreaks, can increase case detection rates due to their involvement at the community level, have broad access to hard-to-reach populations, and can experiment with service delivery methods. Working Group representatives participated in Stop TB meetings in New Delhi, India, at the IUATLD 34th World Conference in Paris, France, and at the WHO DOTS Expansion Meeting in The Hague.

*Working Group Co-Chairs:*  
Dennis Cherian (World  
Vision), Mary Linehan  
(PATH), and Rob Northrup  
(Project HOPE)



# *Diffusion of Innovations Initiative*

NGOs working in local communities often create innovative solutions to improve child health outcomes by overcoming common obstacles for development. Innovations created by one organization can assist others in improving child health; however, they are often not well documented or diffused. New approaches tend to remain within one community or organization and are not transferred or developed in a way that enables others to learn about, evaluate, and apply them for wider benefit.

CORE's Diffusion of Innovations Initiative, led by the Integrated Management of Childhood Illness (IMCI) Working Group, seeks to diffuse approaches that demonstrably improve the effectiveness, sustainability, equity or scale of child health outcomes. In 2004, CORE disbursed six awards to its members to develop and share innovations across the child survival community (described below). These innovations support different elements of the framework and enhance quality community-based programming.

## **Curamericas**

*The Census-Based, Impact-Oriented (CBIO)* approach is a strategy for improving health service delivery. Curamericas developed a training guide that includes information on the overall CBIO process, including how to conduct a census; engage the community in decision-making, strategies used to achieve full coverage and regular contact with beneficiaries; include quality control as part of CBIO; maintain registries, health information system requirements and forms; collect and analyze surveillance and vital events data; and plan for behavior change.

## **Food for the Hungry International**

*The Barrier Analysis method* provides health programmers with a tool for analyzing and overcoming obstacles to behavioral change. Food for the Hungry developed a training curriculum to enable other NGOs to use this method to address the root causes behind low adoption of improved practices and provided training workshops in East Africa and Washington, DC.



### **Helen Keller International**

*Integrating Vitamin A Supplementation into Community-Directed Treatment of Ivermectin* is an innovative approach implemented in six states in Nigeria and one district in Cameroon. HKI developed an English and French “How To” guide that includes details on costing, training, and logistics and management information system. HKI also conducted workshops in Nigeria and Cameroon and prepared a manuscript for submission to a peer-reviewed journal.

### **World Relief**

The *Care Group Model* mobilizes community health workers through developing volunteer support groups. World Relief created a manual to assist others in applying this methodology, conducted a study in collaboration with Johns Hopkins University to measure the decreases in mortality achieved in Mozambique, and produced an article for publication in a peer-reviewed journal.

### **Save The Children**

The *Partnership-Defined Quality (PDQ)* approach unites community members with providers to define quality, identify and prioritize problems and create solutions to strengthen the quality, access and use of services that improve the health status for all. Save the Children created a Training-of-Trainers manual and conducted a regional workshop in Bangkok, Thailand.

### **Catholic Relief Services**

The *Integrated Community Approach to Obstetric and Neonatal Emergencies* is based on CRS’ experiences in Honduras with traditional birth attendants (TBAs). CRS created a packet of materials in English and Spanish including a manual for TBAs, a TBA training curriculum, a facilitator’s guide for training TBAs, and a guide to community-based obstetric emergency transport.



### **CORE’s Diffusion of Innovations**

**Initiative** seeks to diffuse approaches that demonstrably improve the effectiveness, sustainability, equity or scale of child health outcomes.



# Polio Partners Project



Since 1998, CORE's Polio Partners Project has brought NGOs together to participate in joint interventions to eradicate polio in countries where the disease is still a threat. Activities include work with supplementary immunization campaigns; surveillance for acute flaccid paralysis, the signal condition for polio; strengthening routine immunization; support to families with paralyzed children; and improving documentation and use of information.

CORE member NGOs have made significant contributions to the global Polio Eradication Initiative in countries where conflict and isolated populations provide fertile ground for the disease to reemerge. They have a strong record of working in trusting relationships to mobilize volunteers and community leaders, and provide logistical and managerial support to meet community needs.

## 2004 ACCOMPLISHMENTS

*Currently, CORE manages four country-level NGO secretariats for polio eradication, in Angola, Ethiopia, India, and Nepal.*

### Polio NGO Secretariats

- **Angola:** CORE's Angola NGO secretariat continued to train volunteers in active surveillance for integrated disease surveillance and house-to-house EPI education. More than 7100 volunteers have been trained to date. The secretariat received a letter of endorsement from the Vice Minister of Health for outstanding contribution to polio eradication. Additionally, in consultation with secretariat staff and NGO partners, CORE produced a field story titled *Drop by Drop: The NGO Contribution to the Polio Eradication Initiative in Angola*.
- **Ethiopia:** The Ethiopia NGO secretariat supported National Immunization Days and supplementary immunization campaigns with its partners in seven regions, covering 40 districts. In conjunction with the Ministry of Health, UNICEF and the World Health Organization, the secretariat conducted training of trainers sessions on community-based surveillance for silent and poor performing zones, resulting in improved timeliness of detection and reporting of acute flaccid paralysis.

Due in large part to the efforts of CORE, its vast array of partners, and high level of community acceptance, Nepal, Angola and Ethiopia have remained polio-free despite outbreaks of polio on the borders with neighboring countries. In the most difficult and challenging blocks in northern India, CORE's extensive network of respected mobilizers has helped reduce polio transmission to less than 100 this year, after an outbreak of 1600 cases in 2002. ≡ Ellyn Ogden, Bureau for Global Health, USAID

**India:** In India, more than 2000 volunteers, including community leaders, teachers, students and health workers, continue to conduct house-to-house vaccination campaigns in areas where wild poliovirus transmission continues. Secretariat partners participated in eight rounds of National Immunization Days and supplementary immunization campaigns, and continued to provide assistance to families with paralyzed children. In FY04, CORE worked in 21 districts, in the states of Uttar Pradesh and Bihar, covering 104 blocks. In the first 11 months of 2004, India reported 98 cases of polio.

**Nepal:** No cases of wild poliovirus have been reported in Nepal since 2000, despite intense transmission along the border with India. In 2004, the CORE secretariat contributed to maintaining Nepal's polio-free status through carrying out surveillance and including polio in a first-ever regional measles campaign; improving routine immunization coverage in districts; and training district health officers to use GIS maps to analyze sub-district vaccination performance and establish priorities for problem solving. In 2004, CORE districts reported DPT vaccination coverage at 99.9%, compared to national coverage of 90%. The DPT dropout rate in CORE districts is 3.6%, compared to a national dropout rate of 4.5%.

### Participation in GAVI

In July 2004, several CORE Polio Partners Project team members attended the Global Alliance for Vaccines and Immunization (GAVI) NGO Forum in Washington, DC, to present lessons learned through the CORE polio secretariats on the need for NGO coordination to ensure sustainable routine immunization.

### Polio Documentary

Polio Partners Project Director David Newberry and Technical Officer Miriam del Pliego served as technical advisors for a documentary film on the campaign to eradicate polio titled, *The Last Child: The Global Race to End Polio*. The film, independently produced with support from CARE, began airing on U.S. public television stations in October 2004 (for more information, see [www.lastchild.org](http://www.lastchild.org)). The Polio Partners Project's work in Angola is one of several country-level efforts highlighted.

*Note: The CORE Polio Partners Project is supported by a grant from USAID, Cooperative Agreement HRN-A-00-98-00053-00. The grant is managed by World Vision. Finance information for this project is not included in this report and must be obtained directly from World Vision.*





# CORE Communications and Research Tools

## Web Site

**[www.coregroup.org](http://www.coregroup.org)**

CORE redesigned its web site in late 2004 to better serve members, partners, and public visitors seeking access to state-of-the-art tools, manuals, resources, and documentation of global child survival and health programs. The site features key documents and analyses of child survival and health interventions; the Child Health and Development Database (see below); CORE meeting summaries and presentations; updates on CORE activities and accomplishments; and links to individual CORE member organizations.

CORE Working Group web pages house key CORE technical documents and tools, and provide links to external state-of-the-art resources. The site also includes a jobs clearinghouse and a child survival consultant database. CORE sends a monthly web site update to subscribers of the Child Survival Community listserve.

## Listserve

CORE's listserves facilitate communication and exchange among more than 550 members of the global child survival and health community. The Child Survival Community listserve is open to anyone working in the child survival community. It carries notices on reports, conferences, training sessions, technical documents, job openings, and other news of interest to subscribers. To sign up, go to: [http://www.coregroup.org/about/cs\\_list.cfm](http://www.coregroup.org/about/cs_list.cfm)

CORE members can subscribe to the CORE Members listserve, which carries member-specific notices.

Additionally, each of CORE's eight Working Groups manages its own listserve, which generates technical discussion. Topic-specific listserves on Roll Back Malaria and Positive Deviance/Hearth are also available to CORE members and partners.

Though we are a fairly new member of CORE, we have definitely benefited from being part of this wonderful network of organizations that promote community health initiatives worldwide. Through our constant collaboration via listserves and annual meetings, we have the opportunity to share and learn from each other's ideas, methods, experiences and resources. ≡ Sarah Shannon, Executive Director, Hesperian Foundation

### **Child Health and Development Database**

**[www.coregroup.org/database](http://www.coregroup.org/database)**

CORE's Child Health and Development Database, available on the CORE web site, currently houses more than 400 English and foreign language documents, tools and materials created by NGOs to improve and scale up child health and development programs. Users can search the database by country, subject area, type of material, language, target audience, and publication date.

NGOs are invited to submit tools and materials that have proven helpful in field implementation. New submission instructions are available in English, French and Spanish. Search instructions are expected to be available in French and Spanish in 2005.

# Audited Financial Statement

CORE received two subgrants in FY04 (October 1, 2003 - September 30, 2004) through World Vision; one from the USAID Bureau for Global Health Cooperative Agreement FAO-A-00-98-00030 and the other from Family Health International through USAID Award HRN-A-00-97-00017-00.

The audit firm, Gelman, Rosenberg, and Freedman, Certified Public Accountants, prepared CORE's financial report and stated, "CORE Inc.

complied, in all material respects, with the requirements that are applicable to its major federal program (auditing standards generally accepted in the United States of America); the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations."

**Core, Inc. Statement of Activities and Change in Net Assets**  
For The Year Ended September 30, 2004 with Summarized Financial Information for 2003

	2004	2003
<b>REVENUE</b>		
Grants	\$ 1,882,486	\$ 807,073
Contributions	21,832	10,405
Membership	18,315	20,986
Workshop fees	10,276	7,113
Program revenue	—	13,298
Interest and other income	431	—
Total revenue	1,933,340	858,875
<b>EXPENSES</b>		
Secretariat	380,881	292,010
Tuberculosis Program	104,317	19,464
Malaria Program	479,128	247,757
IMCI Global	510,788	209,402
IMCI Africa	130,708	23,105
FHI Grant	136,811	15,877
IMCI Latin America	76,979	—
HIV/AIDS	60,462	—
Family Planning	4,590	—
Total expenses	1,884,664	807,615
Change in net assets	48,676	51,260
Net assets at beginning of year	51,260	—
<b>NET ASSETS AT END OF YEAR</b>	<b>\$ 99,936</b>	<b>\$ 51,260</b>





# CORE Membership

Adventist Development & Relief Agency	Concern Worldwide USA	Future Generations	MAP International	PLAN International USA
African Medical and Research Foundation	Counterpart International, Inc.	Health Alliance International	Medical Care Development, Inc.	Population Services International
Africare	Curamericas	Hellen Keller International	Mercy Corps International	Project Concern International
Aga Khan Foundation, USA	Doctors of the World	Hesperian Foundation	Minnesota International Health Volunteers	Project HOPE
American Red Cross	Food for the Hungry International	International Aid Foundation	Partners for Development	Salvation Army World Service Office
CARE International	Foundation of Compassionate American Samaritans	International Rescue Committee	Program for Appropriate Technology in Health	Save the Children
Catholic Relief Services	Freedom from Hunger	La Leche League International	Pearl S. Buck International	World Relief Corporation
Christian Children's Fund				World Vision

# CORE Board of Directors

Robb Davis	<i>Chair, Freedom from Hunger</i>
Sanjay Sinho	<i>Vice Chair, CARE</i>
Janine Schooley	<i>Secretary, Project Concern International</i>
Alfonso Rosales	<i>Treasurer, Catholic Relief Services</i>
Eric Starbuck	<i>Technical Liaison, Save the Children</i>
Lyndon Brown	<i>Host Organization Representative, World Vision</i>
Tom Davis	<i>At-Large Member, Food for the Hungry International</i>
Judy Gillens	<i>At-Large Member, FOCAS</i>
Emmanuel d'Harcourt	<i>At-Large Member, International Rescue Committee</i>
Bram Bailey	<i>At-Large Member, Salvation Army World Service</i>
Michelle Kouletio	<i>At-Large Member, Concern Worldwide USA</i>
Melanie Morrow	<i>At-Large Member, World Relief Corporation</i>

# CORE Partner Agencies

The spirit of partnership that CORE has facilitated in the PVO community has given a voice to those working at the community level, and raised the visibility of PVO contributions to country-level initiatives. ≡ Leo Ryan, Director, Child Survival Technical Support +, ORC/Macro

Academy for Educational Development/Support for Analysis and Research in Africa (AED/SARA Project)	Christian Relief and Development Association	Johns Hopkins Center for Communication Programs	MOST Project	Tuberculosis Coalition for Technical Assistance (TBCTA)
Advance Africa	Education Development Center, Inc.	IMCI Inter-Agency Working Group	Nicasalud	United Nations Children's Fund (UNICEF)
African Communities Against Malaria	Environmental Health Project	International Federation of the Red Cross	Pact	US Agency for International Development (USAID): Bureau for Global Health, LAC Bureau, Africa Bureau, Food for Peace
American College of Nurse Midwives	Family Health International (FHI IMPACT)	International Food Policy Research Institute	Pan American Health Organization	US Coalition for Child Survival
BASF	Food Aid and Nutrition Technical Assistance (FANTA)	International Medical Corps	PROCOSI	University Research Corporation
Basic Support for Institutionalizing Child Survival (BASICS II)	GlaxoSmithKline	Johns Hopkins University	Rational Pharmaceutical Management Plus	White Ribbon Alliance for Safe Motherhood
Boston University/CRA	Global Health Council	JHPIEGO	Roll Back Malaria (RBM)	World Bank
CATALYST	Groupe Pivot	LINKAGES	RBM East Africa Regional Network	World Health Organization (WHO)
CHANGE	Handicap International	Makerere University	RBM West Africa Regional Network	Zambia Malaria Foundation
Child Survival Technical Support+ Project (ORC/MACRO)	Healthy Environments for Children Alliance	Management Sciences for Health	Saving Newborn Lives	
Christian Connections for International Health	Institute for Reproductive Health/Georgetown University	Massive Effort	Small Enterprise Education and Promotion Network (SEEP)	
		Maternal Neonatal Health Project	Stop TB Partnership	
			The Synergy Project	

# •• CORE Donors

- BAYER Corporation
- Vestergaard Frandsen
- World Vision subgrants from USAID  
Bureau for Global Health and Family Health  
International

**The CORE Group and its NGO members provide an effective coordination mechanism among a broad spectrum of civil society actors. NGO coordination is important to the achievement of the Roll Back Malaria goals, and the CORE Group is an important partner to further strengthen coordination at global, regional and country levels.**

≡ Dr. Gerhard Hesse, Bayer Environmental Science



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## ❖ 2004 CORE Staff

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DEPUTY DIRECTOR	Lynette Walker
COMMUNICATIONS MANAGER	Julia Ross
MALARIA COORDINATOR	Carolyn Daher (through May 2004) Areana Quiñones
EXECUTIVE ASSISTANT	Melissa Gossett*
DIRECTOR, FINANCE AND ADMINISTRATION	Edward Ehrenberg
ASSISTANT CONTROLLER	ATM Unjum Pervez

*\*Executive Assistant position currently held by Deborah Sitrin.*

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DEPUTY DIRECTOR	Bill Weiss/Johns Hopkins University
SENIOR TECHNICAL ADVISOR	Sara Smith/World Vision
TECHNICAL OFFICER	Miriam del Pliego/CARE
2004 ANNUAL REPORT EDITOR	Julia Ross

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 **CORE promotes and improves the health and well  
being of children and women in developing countries  
through collaborative NGO action and learning.**

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